

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Vargas For Senate					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Manuel	MI D	Last Goulart	Suffix		
4. TREASURER ADDRESS						
Street Address 54 Savarese Ln		City Burlington		State CT	Zip Code 06013	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
11/02/2010		State Senator			S001	
8. CANDIDATE NAME						
Title	First Edwin	MI	Last Vargas	Suffix Jr		
9. TYPE OF REPORT						
30 Days Following Primary - Original						
10. PERIOD COVERED						
Beginning Date                      Ending Date  07/28/2010                      thru                      09/02/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
Electronic Filing		Manuel Goulart		09/06/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Vargas For Senate</b>	Original 09/09/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$68,435.21</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$16,390.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$77,950.02</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$0.00</b>	<b>\$94,340.02</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$68,435.21</b>	<b>\$94,340.02</b>
20. Expenses Paid by Committee (Section N)	<b>\$64,011.53</b>	<b>\$89,916.34</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$4,423.68</b>	<b>\$4,423.68</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$309.60</b>	<b>\$1,369.60</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

<b>I. MONETARY RECEIPTS (Section A-I)</b>									
NAME OF COMMITTEE								FILING DUE DATE	
Vargas For Senate								Original 09/09/2010	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>							<b>Subtotal Section A</b>		
<b>B. Itemized Contributions from Individuals</b>									
Last Name		First Name		MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #		Amount of Contribution
Residential Street Address		City		State	Zip Code		Date Received		
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions			
Yes      No Executive      Legislative				Yes      No					
<b>Total of Section B</b>									
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>									

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Vargas For Senate					Original 09/09/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes No	If yes, list Event # Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Vargas For Senate				Original 09/09/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

**Total of Section D**

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; padding: 5px;">NAME OF COMMITTEE</td> <td style="width: 25%; padding: 5px;">FILING DUE DATE</td> </tr> <tr> <td style="padding: 5px;">Vargas For Senate</td> <td style="padding: 5px;">Original 09/09/2010</td> </tr> </table>	NAME OF COMMITTEE	FILING DUE DATE	Vargas For Senate	Original 09/09/2010
NAME OF COMMITTEE	FILING DUE DATE			
Vargas For Senate	Original 09/09/2010			
<b>E. Personal Funds of the Candidate Received this Period</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Date Received</td> <td style="width: 20%; padding: 5px;">Amount</td> <td style="width: 65%; padding: 5px;">           Method of Payment  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div> </td> </tr> </table>	Date Received	Amount	Method of Payment <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>	
Date Received	Amount	Method of Payment <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>		
<b>Total of Section E</b>				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE
Vargas For Senate					Original 09/09/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					



<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Vargas For Senate				Original 09/09/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Vargas For Senate			Original 09/09/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
Vargas For Senate				Original 09/09/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF				FILING DUE DATE	
COMMITTEE Vargas For Senate				Original 09/09/2010	
<b>J1. Fundraising Event Information</b>					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			Yes	No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual      Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Vargas For Senate					Original 09/09/2010	
<b>K. In-Kind Contributions</b>						
Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Individual Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Vargas For Senate				Original 09/09/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Vargas For Senate						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
BANK OF AMERICA					07/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
790 Maple Ave	Hartford	CT	06114	BNK			
Description					Event #		
RETURNED CHECK AND FEE FOR INSUFFICIENT FUNDS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$16.00
Name of Payee					Date of Payment	Method of Payment	Amount
MARIA FIGUEROA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1047</u>		
23 Ward Pl	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card		
Description					Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$110.00
Name of Payee					Date of Payment	Method of Payment	Amount
MARIA FIGUEROA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1086</u>		
23 Ward Pl	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card		
Description					Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$170.50

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
OLGA DE LA ROSA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1092</u>	
101 Benton St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$357.50
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
CARLOS CARMONA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1093</u>	
24 Ledger St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$456.50
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
EDGARDO RIVERA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1087</u>	
63 Colonial St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$275.00
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## N. Expenses Paid By Committee

Name of Payee SAMMY VAZQUEZ					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 58 Hendricxsen Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1038</u> <input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$308.00	
Name of Payee APOLINAR ROSARIO					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 25 Ward St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1030</u> <input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$478.50	
Name of Payee JUANA TIRADO					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 863 Capitol Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1064</u> <input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$308.00	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PEDRO BERMUDEZ					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1029</u>	
64 Van Block Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$429.00							

Name of Payee					Date of Payment	Method of Payment	Amount
BRIAN RODRIGUEZ					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1037</u>	
110 Babcock St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$176.00							

Name of Payee					Date of Payment	Method of Payment	Amount
CHRISSHAWN RICHARDS					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1031</u>	
25 Hartford Ave		Enfield	CT	06082-2945	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$220.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CRYSTAL RIVERA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>		
38 Babcock St	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$220.00							

Name of Payee					Date of Payment	Method of Payment	Amount
MARGARITA GARCIA					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1033</u>		
38 Babcock St	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$330.00							

Name of Payee					Date of Payment	Method of Payment	Amount
GERARD RIOUX					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u>		
109 Foster St	Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$165.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
JANE RUSSELL					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1036</u>	
48 York St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$192.50
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
LUZ SULLIVAN					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1039</u>	
31 Charter Oak Pl		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$132.00
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
ANGEL ARCE					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1040</u>	
59 Pulaski Dr		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$220.00
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							





#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
MARIA AYALA				07/28/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1088</u>	
72 Hamilton St	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSER'S WAGES						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$192.50

Name of Payee				Date of Payment	Method of Payment	Amount
JOEL OVIEDO				07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1085</u>	
44 Forest St	Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSER'S WAGES						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$220.00

Name of Payee				Date of Payment	Method of Payment	Amount
JOEL OVIEDO				07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1046</u>	
44 Forest St	Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSER'S WAGES						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$192.50

#### IV. EXPENDITURES

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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
DONALD WALKER					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1048</u>	
59 Chadwick Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$220.00

Name of Payee					Date of Payment	Method of Payment	Amount
VIVIANA ROGERS					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1043</u>	
162 Bond St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$187.00

Name of Payee					Date of Payment	Method of Payment	Amount
ANA SANTIAGO					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1084</u>	
240 Laurel St		Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$214.50

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## N. Expenses Paid By Committee

Name of Payee ANA SANTIAGO					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u>	Amount          \$258.50
Street Address 240 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee RICARDO GONZALEZ					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1089</u>	Amount          \$66.00
Street Address 47 Prescott St	City West Hartford	State CT	Zip Code 06110	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES 07/27					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee RICARDO GONZALEZ					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1090</u>	Amount          \$198.00
Street Address 47 Prescott St	City West Hartford	State CT	Zip Code 06110	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee					Date of Payment	Method of Payment	Amount
RAMON VARGAS					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1091</u>	
1891 Broad St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$269.50							

Name of Payee					Date of Payment	Method of Payment	Amount
PHYLLIS SCOTT					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1094</u>	
4 Gilman St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$242.00							

Name of Payee					Date of Payment	Method of Payment	Amount
JANICE ROSSETTI					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1051</u>	
108 Cromwell Ave		Hartford	CT	06114	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
CONSULTANT'S SALARY							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$500.00							

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Name of Payee					Date of Payment	Method of Payment	Amount
POSTLATINO					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1053</u>	
147 Jefferson Ln		East Hartford	CT	06118	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
PRODUCE SPOT COMMERCIAL, NEWSPAPER AND TV ADVERTISEMENT							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$1,200.00							
Name of Payee					Date of Payment	Method of Payment	Amount
LUZ SULLIVAN					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1058</u>	
30 Charter Oak Pl		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES OWED FROM 7/28							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$121.00							
Name of Payee					Date of Payment	Method of Payment	Amount
LESLIE PRADO					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1050</u>	
423 Campfield Ave		Hartford	CT	06114	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
CONSULTANT SALARY							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$650.00							

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Name of Payee						Date of Payment	Method of Payment	Amount
EVA BERMUDEZ						07/30/2010	<input checked="" type="checkbox"/> Check # <u>1049</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
362 Laurel St		Hartford	CT	06105	WAGE			
Description CAMPAIGN MANAGER'S SALARY							Event #	\$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
Other Candidate(s) Name _____ Office Sought _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee						Date of Payment	Method of Payment	Amount
PITTA GOURMET						07/30/2010	<input checked="" type="checkbox"/> Check # <u>1055</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
507 Park St		Hartford	CT	06106	FOOD			
Description PIZZA FOR STAFF							Event #	\$52.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
Other Candidate(s) Name _____ Office Sought _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee						Date of Payment	Method of Payment	Amount
TELEMUNDO WRDM						07/30/2010	<input checked="" type="checkbox"/> Check # <u>1057</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
886 Maple Ave		Hartford	CT	06114	A-TV			
Description TV ADS							Event #	\$1,520.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
Other Candidate(s) Name _____ Office Sought _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

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### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
HARTFORD NEWS				07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1054</u>	
563 Franklin Ave	Hartford	CT	06114	A-NEWS	<input type="checkbox"/> Debit Card	
Description					Event #	
NEWSPAPER AD						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
\$400.00						

Name of Payee					Date of Payment	Method of Payment	Amount
OLGA DE LA ROSA					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1056</u>		
101 Benton St	Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
CANVASSER'S WAGES OWED FROM 7/28							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$198.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee CAMPAIGNSWON.COM				Date of Payment 08/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u>	Amount          \$5,559.04
Street Address 28 Longmeadow Ave	City Hamden	State CT	Zip Code 06514	Purpose of Expenditure A-DM <input type="checkbox"/> Debit Card		
Description PRINT AND MAIL AD MAILER #2					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name    </div> <div> Office Sought    </div> </div>						

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## N. Expenses Paid By Committee

Name of Payee CAMPAIGNSWON.COM					Date of Payment 08/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1061</u>	Amount          \$5,559.04
Street Address 28 Longmeadow Ave	City Hamden	State CT	Zip Code 06514	Purpose of Expenditure A-DM	<input type="checkbox"/> Debit Card		
Description PRINT AND MAIL AD MAILER #3					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SEGWAY OF NEWPORT, LLC					Date of Payment 08/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u>	Amount          \$750.00
Street Address 138 Thames St	City Newport	State RI	Zip Code 02840	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card		
Description RENTAL OF SEGWAY FOR CANDIDATE					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee MAGNANI PRESS					Date of Payment 08/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1062</u>	Amount          \$816.20
Street Address 120 New Park Ave	City Hartford	State CT	Zip Code 06106-2185	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card		
Description 350 LAWN SIGNS					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



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Name of Payee						Date of Payment	Method of Payment	Amount
A T & T						08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1063</u>		
PO Box 5093		Carol Stream	IL	60197-5093	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #		
CAMPAIGN HEADQUARTERS PHONE AND INTERNET SERVICES								
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought	\$155.32
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee						Date of Payment	Method of Payment	Amount
WEST INDIAN AMERICAN						08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1066</u>		
1443 Albany Ave		Hartford	CT	06132	A-NEWS	<input type="checkbox"/> Debit Card		
Description						Event #		
NEWSPAPER AD								
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought	\$240.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee						Date of Payment	Method of Payment	Amount
UNIVISION WUVN						08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1065</u>		
1 Constitution Plz		Hartford	CT	06103	A-TV	<input type="checkbox"/> Debit Card		
Description						Event #		
TV ADS								
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought	\$2,045.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

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Name of Payee					Date of Payment	Method of Payment	Amount
APOLINAR ROSARIO					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1068</u>	
25 Ward St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$544.50
Name of Payee					Date of Payment	Method of Payment	Amount
EDWIN VARGAS					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1101</u>	
141 Douglas St		Hartford	CT	06114	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
REIMBURSE CANDIDATE FOR PRINTIN COSTS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$100.00
Name of Payee					Date of Payment	Method of Payment	Amount
LA VOZ HISPANA DE CT					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1099</u>	
51 Elm St		New Haven	CT	06510	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
NEWSPAPER AD							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$1,000.00

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Name of Payee PEDRO BERMUDEZ					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u>	Amount          \$192.50
Street Address 64 Van Block Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee CHRISSHAWN RICHARDS					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</u>	Amount          \$275.00
Street Address 25 Hartford Ave	City Enfield	State CT	Zip Code 06082-2945	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee CRYSTAL RIVERA					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u>	Amount          \$324.50
Street Address 38 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee					Date of Payment	Method of Payment	Amount
MARGARITA GARCIA					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1071</u>	
38 Babcock St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$236.50
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
JUANA TIRADO					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1074</u>	
863 Capitaol Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$544.50
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
LUZ SANTANA					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1076</u>	
23 Ledger St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$418.00
CANVASSER'S WAGES 07/27							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							

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Name of Payee LUZ SANTANA					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$533.50
Street Address 23 Ledger St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1077		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee LUZ SULLIVAN					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$335.50
Street Address 31 Charter Oak Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1097		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee VIVIANA ROGERS					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$220.00
Street Address 162 Bond St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	1083		
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee					Date of Payment	Method of Payment	Amount
GERARD RIOUX					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1073</u>	
109 Foster St		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$159.50							

Name of Payee					Date of Payment	Method of Payment	Amount
JANE RUSSELL					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1072</u>	
48 York St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$209.00							

Name of Payee					Date of Payment	Method of Payment	Amount
HABEN ABRAHAM					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1081</u>	
98 Caya Ave		West Hartford	CT	06118	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$214.50							

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Name of Payee						Date of Payment	Method of Payment	Amount
LUCI LEBRON						08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1082</u>		
129 Standish St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card		
Description							Event #	
CANVASSER'S WAGES								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$291.50								
Name of Payee						Date of Payment	Method of Payment	Amount
BRIAN RODRIGUEZ						08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1075</u>		
110 Babcock St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card		
Description							Event #	
CANVASSER'S WAGES								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$308.00								
Name of Payee						Date of Payment	Method of Payment	Amount
CUBANITOS BAKERY						08/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1102</u>		
867-869 Park St		Hartford	CT	06106	FOOD	<input type="checkbox"/> Debit Card		
Description							Event #	
FOOD FOR 08/10								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$103.28								

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## N. Expenses Paid By Committee

Name of Payee CAMPAIGNSWON.COM					Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$5,559.04
Street Address 28 Longmeadow Ave	City Hamden	State CT	Zip Code 06514	Purpose of Expenditure A-DM	<u>1098</u> <input type="checkbox"/> Debit Card		
Description PRINT AND MAIL MAILER #4					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee PITTA GOURMET					Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$52.00
Street Address 507 Park St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure FOOD	<u>1103</u> <input type="checkbox"/> Debit Card		
Description PIZZA FOR CANVASSERS AND HEADQUARTERS STAFF AND VOLUNTEERS					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee TEAMBXTREME					Date of Payment 08/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$430.00
Street Address PO Box 928	City Waterbury	State CT	Zip Code 06721	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Description SCREEN PRINT CAMPAIGN SHIRTS					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



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Name of Payee				Date of Payment	Method of Payment	Amount
LESLIE PRADO				08/06/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1105</u>	
423 Campfield Ave	Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSING MANAGER SALARY						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$750.00

Name of Payee				Date of Payment	Method of Payment	Amount
EVA BERMUDEZ				08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1104</u>	
362 Laurel St	Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CAMPAIGN MANAGER SALARY						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$1,100.00

Name of Payee				Date of Payment	Method of Payment	Amount
JANICE ROSSETTI				08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1106</u>	
108 Cromwell St	Hartford	CT	06114	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
CONSULTANT & CREW CHIEF SALARY						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$500.00

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Name of Payee BANK OF AMERICA					Date of Payment 08/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$30.00
Street Address 790 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description STOP PAYMENT FOR LOST CHECK #1078					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee LAZER GRAPHIC, LLC					Date of Payment 08/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$217.30
Street Address 284 Racebrook Rd Ste 217	City Orange	State CT	Zip Code 06477	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Description PRINTING POSTCARD					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee LAS DELICIAS LATINAS RESTAURANT					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$450.00
Street Address 2 New Park Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure FOOD	<u>1110</u> <input type="checkbox"/> Debit Card		
Description FOOD PARTIAL PAYMENT					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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## N. Expenses Paid By Committee

Name of Payee EDWIN VARGAS					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1115</u>	Amount          \$26.50
Street Address 141 Douglas St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Description PHOTOCOPYING A LEAFLET					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SAMMY VAZQUEZ					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u>	Amount          \$319.00
Street Address 58 Hendricxsen Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description REPLACEMENT CHECK FOR 1078 (LOST)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee MAGNANI PRESS					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u>	Amount          \$152.64
Street Address 120 New Park Ave	City Hartford	State CT	Zip Code 06106-2185	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card		
Description METAL "U" FRAMES FOR LAWN SIGNS					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee					Date of Payment	Method of Payment	Amount
WRYM 840					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1112</u>	
1056 Willard Ave		Newington	CT	06111	A-RAD	<input type="checkbox"/> Debit Card	
Description						Event #	
RADIO ADS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$400.00							
Name of Payee					Date of Payment	Method of Payment	Amount
MARCUS COMMUNICATIONS, LLC					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1111</u>	
275 New State Rd		Manchester	CT	06045	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
RENTAL OF 8 PORTABLE RADIOS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$254.40							
Name of Payee					Date of Payment	Method of Payment	Amount
PITTA GOURMET					08/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1117</u>	
507 Park St		Hartford	CT	06106	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
FOOD FOR CAMPAIGN WORKERS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$140.00							

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Name of Payee BANK OF AMERICA					Date of Payment 08/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$49.00
Street Address 790 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description CHECK REORDER OVERNIGHT					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee ANA GONZALEZ					Date of Payment 08/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1146</u>	Amount          \$100.00
Street Address 467 Broad St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SAM'S STORES RAVI PETRO					Date of Payment 08/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$44.00
Street Address 850 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Description GAS FOR VAN 1					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



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Name of Payee					Date of Payment	Method of Payment	Amount
CARMEN BERMUDEZ					08/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1170</u>	
362 Laurel St		Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$150.00							

Name of Payee					Date of Payment	Method of Payment	Amount
BUDGET RENT-A-CAR					08/11/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
85-317 Schoephoester Rd		Windsor Locks	CT	06096	Misc *	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
VAN RENTAL (1)							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$159.40							

Name of Payee					Date of Payment	Method of Payment	Amount
BUDGET RENT-A-CAR					08/11/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
85-317 Schoephoester Rd		Windsor Locks	CT	06096	Misc *	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
VAN RENTAL (3)							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$152.90							

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Name of Payee BUDGET RENT-A-CAR					Date of Payment 08/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$153.99
Street Address 85-317 Scoephoester	City Windsor Locks	State CT	Zip Code 06096	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Description VAN RENTAL (2)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee MARY PRADO					Date of Payment 08/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$150.00
Street Address 423 Camfield Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<u>1147</u> <input type="checkbox"/> Debit Card		
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SANTA BAUTISTA					Date of Payment 08/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$150.00
Street Address 153 Weaterly	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<u>1149</u> <input type="checkbox"/> Debit Card		
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



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Name of Payee					Date of Payment	Method of Payment	Amount
BASILIO CARRION					08/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1150</u>	
594 Wethersfield Ave		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$100.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
CHARLENE FELICIANO					08/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1151</u>	
118 Sherbrooke Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$150.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
QUETCY GARAY					08/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1152</u>	
156 SE3MOUR St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$150.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							

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Name of Payee					Date of Payment	Method of Payment	Amount
JESUS GONZALEZ					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1153</u>	
96 Park St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
LUZ HERNANDEZ					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1154</u>	
115 Nutmeg Ln		East Hartford	CT	06118	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
ASAAD JACSON					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1155</u>	
49 East St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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Name of Payee					Date of Payment	Method of Payment	Amount
ROSA MARCANO					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1156</u>	
38 Franklin Ave		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$70.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
ORLANDO MARRERO					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1157</u>	
65 Colonial St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$100.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
CARLOS MUNIZ					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1158</u>	
430 Hillside Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$100.00
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							

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Name of Payee					Date of Payment	Method of Payment	Amount
ISMAEL MURRIA					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1159</u>	
295 Garden St		Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$100.00							

Name of Payee					Date of Payment	Method of Payment	Amount
AMANDA NEWDHARIE					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1160</u>	
105 Cromwell St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$150.00							

Name of Payee					Date of Payment	Method of Payment	Amount
LUIS RAMIREZ					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1163</u>	
113 Glendale Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$100.00							

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Name of Payee					Date of Payment	Method of Payment	Amount
ARCADIO REYES					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1164</u>	
1909 Broad St		Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CARMEN ROBLES					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1165</u>	
217 Buckinham St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CARMELO ROSARIO					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1197</u>	
23 Ward St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name	Office Sought	\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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Name of Payee <b>SANTA SERRANO</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>29 Denison St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>WAGE</b>	<u><b>1168</b></u> <input type="checkbox"/> Debit Card		
Description <b>GET OUT THE VOTE STAFF</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$100.00</b>	
Name of Payee <b>MARILYN QUINONEZ</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>184 Preston St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06114</b>	Purpose of Expenditure <b>WAGE</b>	<u><b>1169</b></u> <input type="checkbox"/> Debit Card		
Description <b>GET OUT THE VOTE STAFF</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$100.00</b>	
Name of Payee <b>LUIS ENRIQUE ROLON</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>271 Nicholson St</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Purpose of Expenditure <b>WAGE</b>	<u><b>1182</b></u> <input type="checkbox"/> Debit Card		
Description <b>GOTV STAFF</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$70.00</b>	

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### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
LAS DELICIAS LATINAS RESTAURANT				08/12/2010	<input checked="" type="checkbox"/> Check # 1135	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2 New Park Ave	Hartford	CT	06106	FOOD		
Description					Event #	
08/11/2010 WORKERS DINNER FINAL PAYMENT						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$447.25

Name of Payee				Date of Payment	Method of Payment	Amount
TROY NELSON				08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1122</u>	
33 Roger St	Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSAR SALARY 08/11/2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$300.00

Name of Payee				Date of Payment	Method of Payment	Amount
PHYLLIS SCOTT				08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1139</u>	
2 Gilman St	Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSAR SALARY 08/11/2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$396.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
JOEL OLVIDO				08/12/2010	<input checked="" type="checkbox"/> Check # <u>1141</u>	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
44 Forrest St	Hartford	CT	06105	WAGE		
Description					Event #	
CANVASSAR SALARY 08/11/2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$335.50
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						

Name of Payee					Date of Payment	Method of Payment	Amount						
PILAR MORI					08/12/2010	<input checked="" type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1144</u>								
152 Pratt St	Glastonbury	CT	06033	WAGE	<input type="checkbox"/> Debit Card								
Description						Event #							
GET OUT THE VOTE STAFF													
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$100.00						

Name of Payee				Date of Payment	Method of Payment	Amount
PAOLA MORI				08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1145</u>	
152 Pratt St	Glastonbury	CT	06033	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
GET OUT THE VOTE STAFF						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$100.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
JANE RUSSELL				08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1128</u>	
48 York St	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSAR SALARY 08/11/2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$269.50
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						

Name of Payee					Date of Payment	Method of Payment	Amount									
LUZ SULLIVAN					08/12/2010	<input checked="" type="checkbox"/> Check #										
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1131</u>											
31 Charter Oak Pl	Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card											
Description						Event #										
CANVASSAR SALARY 08/11/2010																
<table border="0"> <tr> <td>Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td>Other Candidate(s) Name</td> <td>Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought														
<input type="checkbox"/> Yes																
<input checked="" type="checkbox"/> No																
							\$132.00									

Name of Payee				Date of Payment	Method of Payment	Amount
LUCI LEBRON				08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1138</u> <input type="checkbox"/> Debit Card	
129 Standish St	Hartford	CT	06114	WAGE		
Description					Event #	
CANVASSAR SALARY 08/11/2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$363.00

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee VIVIANA ROGERS					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1127</u>	Amount          \$380.00
Street Address 162 Bond St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee ANGEL ARCE					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1142</u>	Amount          \$610.00
Street Address 59 Pulaski Dr	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee HABEN ABRAHAM					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1118</u>	Amount          \$379.50
Street Address 98 Caya Ave	City West Hartford	State CT	Zip Code 06118	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee ANA SANTIAGO					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1130</u>	Amount          \$370.00
Street Address 240 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee RICARDO GONZALEZ					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1121</u>	Amount          \$44.00
Street Address 47 Prescott St	City West Hartford	State CT	Zip Code 06110	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee RAMON VARGAS					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u>	Amount          \$511.50
Street Address 1891 Broad St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR'S SALARY					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CHRISSHAWN RICHARDS					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1123</u>	
25 Hartford Ave		Enfield	CT	06082-2945	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSAR SALARY 08/11/2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$456.50							
Name of Payee					Date of Payment	Method of Payment	Amount
CRYSTAL RIVERA					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1134</u>	
38 Babcock St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSAR SALARY 08/11/2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$473.00							
Name of Payee					Date of Payment	Method of Payment	Amount
MARGARITA GARCIA					08/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1178</u>	
38 Babcock St		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSAR'S SALARY							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$478.50							

## IV. EXPENDITURES

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## N. Expenses Paid By Committee

Name of Payee GERARD RIOUX					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1133</u>	Amount          \$200.00
Street Address 109 Foster St	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee BRIAN RODRIGUEZ					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u>	Amount          \$390.50
Street Address 110 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee OLGA RODRIGUEZ					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1166</u>	Amount          \$100.00
Street Address 180 Bond St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee JUANA TIRADO					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 863 Capitol Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1132</u> <input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$522.50	
Name of Payee MARIA FIGUEROA					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 23 Ward Pl	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1143</u> <input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$374.00	
Name of Payee MARIA SIERRA					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 23 Ward Pl	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<u>1179</u> <input type="checkbox"/> Debit Card		
Description GOTV STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$70.00	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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### N. Expenses Paid By Committee

[illegible]

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## N. Expenses Paid By Committee

Name of Payee <b>A T &amp; T</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>PO Box 8110</b>		City <b>Aurora</b>	State <b>IL</b>	Zip Code <b>60507-8110</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card	
Description <b>HEADQUATERS TELEPHONE SERVICES</b>						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	
							<b>\$154.36</b>
Name of Payee <b>APOLINAR ROSARIO</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>25 Ward St</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Purpose of Expenditure <b>WAGE</b>	<input type="checkbox"/> Debit Card	
Description <b>CANVASSAR SALARY 08/11/2010</b>						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	
							<b>\$720.50</b>
Name of Payee <b>EDGARD0 RIVERA</b>					Date of Payment <b>08/12/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>63 Colonial St</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Purpose of Expenditure <b>WAGE</b>	<input type="checkbox"/> Debit Card	
Description <b>CANVASSAR SALARY 08/11/2010</b>						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name  Office Sought  	
							<b>\$280.50</b>



## IV. EXPENDITURES

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## N. Expenses Paid By Committee

Name of Payee OLGA DELAROSA					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u>	Amount          \$346.50
Street Address 101 Benton St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR'S SALARY					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee CARLOS CARMONA					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1119</u>	Amount          \$260.00
Street Address 24 Ledger St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee LUZ SANTANA					Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1129</u>	Amount          \$290.00
Street Address 24 Ledger St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
JANICE ROSSETTI					08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1186</u> <input type="checkbox"/> Debit Card	
108 Cromwell St		Hartford	CT	06114	CNSLT		
Description						Event #	
CONSULTANT'S SALARY							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$500.00

Name of Payee						Date of Payment	Method of Payment	Amount
LESLIE PRADO						08/13/2010	<input checked="" type="checkbox"/> Check #  1185	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
423 Campfield Ave		Hartford	CT	06114	WAGE			
Description							Event #	
CANVASSING MANAGER SALARY								
<div style="display: flex; justify-content: space-between;"> <span>Is this expenditure coordinated with another candidate for which reimbursement is sought?</span> <span>Other Candidate(s) Name</span> <span>Office Sought</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         </div>								
								\$750.00

Name of Payee				Date of Payment	Method of Payment	Amount
EVA BERMUDEZ				08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1184</u>	
362 Laurel St	Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CAMPAIGN MANAGER SALARY						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,100.00
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						

#### IV. EXPENDITURES

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### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
LILLY PRADO				08/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1188</u>	
423 Campfield Ave	Hartford	CT	06114	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
GOTV STAFF						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$100.00

Name of Payee					Date of Payment	Method of Payment	Amount
MANUEL GOULART					08/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1187</u>		
54 Savarese Ln	Burlington	CT	06013-1704	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
CONSULTANT FEE							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							\$3,000.00
Other Candidate(s) Name			Office Sought				

Name of Payee				Date of Payment	Method of Payment	Amount
GERARD RIOUX				08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1189</u>	
109 Foster St	Manchester	CT	06042	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CANVASSAR'S SALARY CORRECTION 08/11						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$9.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
GERARD RIOUX					08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1189</u>	
109 Foster St		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
08/11/2010 WAGE SHORTAGE							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$9.00							
Name of Payee					Date of Payment	Method of Payment	Amount
SAMMY VAZQUEZ					08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1190</u>	
58 Hendricxsen Ave		Hartford	CT	06106	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
CANVASSAR'S SALARY							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$192.50							
Name of Payee					Date of Payment	Method of Payment	Amount
EDWIN VARGAS					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1193</u>	
141 Douglas St		Hartford	CT	06114	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
REIMBURSE CANDIDATE FOR INK CARTRIDGES PURCHASED FOR OFFICE MACHINES							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$105.98							

# IV. EXPENDITURES

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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
VENICE SOTOMAYOR					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1191</u>	<input type="checkbox"/> Debit Card	
345 Buckland Hill Dr	Manchester	CT	06042	WAGE			
Description					Event #		
CAVASSRA'S SALARY 07/22							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$60.50
Name of Payee					Date of Payment	Method of Payment	Amount
UNITED STATES POSTAL SERVICE					08/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
George Washington Turnpike	Burlington	CT	06013	POST			
Description					Event #		
POSTAGE FOR MAILING THANKING CAMPAIGN DONATIONS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$220.00
Total of Section N						\$64,011.53	

#### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Vargas For Senate							Original 09/09/2010	
O. Campaign Expenses Paid By Candidate								
Name of Payee BUDGET PRINTERS					Date of Payment 07/28/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$26.50
Street Address 1718 Parl St			City Hartford		State CT	Zip Code 06106		
Purpose of Expenditure PRNT		Description PHOTOCOPY A LEAFLET HANDOUT				Event #		
Name of Payee BUDGET PRINTING AND BRIST					Date of Payment 08/05/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$100.00
Street Address 1718 Park St			City Hartford		State CT	Zip Code 06106		
Purpose of Expenditure PRNT		Description PRINT A CAMPAIGN HANDOUT				Event #		
Name of Payee OCEAN STATE JOB LOT					Date of Payment 08/06/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$47.70
Street Address 13 Wells Rd			City Wethersfield		State CT	Zip Code 06109		
Purpose of Expenditure OFFICE		Description PLASTIC TABLE				Event #		
Name of Payee WALMART					Date of Payment 08/10/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount          \$29.42
Street Address 495 Flatbush Ave			City Hartford		State CT	Zip Code 06106		
Purpose of Expenditure OFFICE		Description INK CARTRIDGE AND PAPER				Event #		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

### O. Campaign Expenses Paid By Candidate

Name of Payee OFFICE DEPOT					Date of Payment 08/27/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount          \$105.98
Street Address 1296 Silas Deane Hwy			City Wethersfield		State CT	Zip Code 06109			
Purpose of Expenditure OFFICE		Description INK CARTRIDGES					Event #		
Total of Section O									\$309.60

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Vargas For Senate					Original 09/09/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						



# IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Vargas For Senate					Original 09/09/2010	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 07/30/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1052		Amount
Secondary Payee WALMART		Purpose of Expenditure FOOD		<input type="checkbox"/> Debit Card		
Street Address 495 Flatbush Ave		City Hartford		State CT		
Zip Code 06106		Description HEADQUARTERS FOOD AND BEVERAGES		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$58.20

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 07/30/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1052		Amount
Secondary Payee CITY OF HARTFORD TOWN CLERK		Purpose of Expenditure Misc *		<input type="checkbox"/> Debit Card		
Street Address 550 Main St		City Hartford		State CT		
Zip Code 06103		Description UPDATED ABSENTEE BALLOTS		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$7.50

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1052
Secondary Payee FEDEX OFFICE	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card
Street Address 554 Farmington Ave	City Hartford	State CT
Description SCANNER COPIES	Zip Code 06105-8245	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought

\$5.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1095	Amount          \$3.00
Secondary Payee FEDEX OFFICE		Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code 06105	
Description COLOR SCAN PHOTO FOR NEWSPAPER ADS			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1096	Amount                    \$19.19
Secondary Payee WALGREENS		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 161 Washington St	City Hartford	State CT	Zip Code 06106	
Description POSTER BOARD, DUCK TAPE, SCOTCH TAPE, BATHROOM SUPPLIES			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought 		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1100	Amount          \$30.00	
Secondary Payee SOL DE BORINQUEN BAKERY	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 710 Park St	City Hartford	State CT		Zip Code 06106
Description FOOD FOR 08/10				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name  
				Office Sought  

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1107	Amount          \$43.68
Secondary Payee STOP AND SHOP		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 150 New Park Ave	City Hartford	State CT	Zip Code 06106	
Description FOOD FOR HEADQUARTERS			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1113	
Secondary Payee WALMART	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 495 Flatbush Ave	City Hartford	State CT	Zip Code 06106
Description SUPPLIES FOR THE OFFICE			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	

\$47.56



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1116	Amount
Secondary Payee WALMART		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 495 Flatbush Ave	City Hartford	State CT	Zip Code 06106	
Description OFFICE SUPPLIES			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$24.80

  

Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1116	Amount
Secondary Payee RETAURANT DEPOT		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 91 Brainard Rd	City Hartford	State CT	Zip Code 06114	
Description 08/11/2010 FOOD			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$326.97

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1116	Amount          \$13.26	
Secondary Payee EL BUEN VECINO	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 511 Park St	City Hartford	State CT		Zip Code 06106
Description BEVERAGES FOR 08/11/2010				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				

Name of Worker/Consultant LESLIE PRADO		Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1114	Amount          \$22.00
Secondary Payee MAIN ST CREAMERY		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 271 Main St	City Wethersfield	State CT	Zip Code 06109	
Description REFRESHMENTS FOR CANVASSERS			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 08/12/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1173	Amount          \$20.00	
Secondary Payee FEDEX OFFICE	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105
Description OFFICE SUPPLIES				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name  				Office Sought  

[illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Vargas For Senate	Original 09/09/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Vargas For Senate				Original 09/09/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				